

## A case of *Giardia lamblia* proctitis presenting in a V.D. clinic

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Attendance at a British venereal disease clinic does not require referral from a family doctor; accordingly, when a patient presents spontaneously, there is a reasonable assumption that he suspects sexually acquired disease. Asian immigrants are still prone to conceal the truth of their sexual activities, particularly if homosexual activity is involved, and it is against this background that the following case is recorded.

### Case report

**A 34-year-old crane-driver from East Pakistan** first attended the special clinic of his own accord on January 20, 1971, complaining of vague urinary and abdominal symptoms. On further questioning he admitted having had a yellow discharge from the anus for 6 months. There was no history of diarrhoea, dyspepsia, or weight loss. He denied having had any extramarital sexual contact, heterosexual or homosexual.

### Examination

He was a healthy-looking man, but very apprehensive and anxious. He did not look anaemic and there were no abnormal signs in any system. The abdomen was soft and not tender and no mass was palpable. Proctoscopy showed that the rectal mucosa was inflamed and there were flecks of purulent discharge. No discharge was seen at the urethral meatus. The blood pressure was 120/80 mm. Hg.

### Laboratory investigations

Rectal smears showed pus cells but no gonococci on three occasions. Three culture specimens from the rectum gave no growth of gonococci.

Hb 16.6 g. per cent.

WBC 9,000 per cu. mm. with normal differential count Wassermann reaction, Kahn test, and Reiter protein complement-fixation test: all negative.

Urine: clear with no abnormality

Stool: three fresh samples showed no *Entamoeba histolytica* or *Balantidium coli*, but cysts of *Giardia lamblia* were readily identified.

Serum proteins (g./100 ml): normal

Electrophoretic pattern: normal

Blood urea: 30 mg./per 100 ml.

Plasma electrolytes (mEq./litre): sodium 136, bicarbonate

26, potassium 5

Chest x ray: normal

Barium meal: normal

### Family

The patient lived with his brother. Three stool specimens from this man showed no *Giardia lamblia*.

### Treatment

Metronidazole 200 mg. was given three times a day orally for one week. Symptoms and signs cleared rapidly. Three follow-up stool examinations, showed no parasites or ova of *Giardia*.

### Discussion

*Giardia*, one of the protozoan intestinal parasites, exists in two forms: vegetative and cystic. Locomotion is by flagellae and multiplication is by longitudinal fissure.

Giardiasis, which is common in Asia and the South Pacific, is said to affect 16 per cent. of tropical peoples and 4 per cent. of Caucasians. It is also common among children in the industrial areas of the U.S.A. where it is a recognized cause of malnutrition (Manson-Bahr, 1966).

The parasite often inhabits the duodenum and may cause distension, flatulence, and epigastric pain simulating peptic ulcer. In some cases it causes ulceration of the duodenum which can be seen radiologically on barium meal examination. Commonest of all is jejunal infection which is a recognized cause of diarrhoea. More extensive bowel infestation is less usual and may give rise to malabsorption, especially in children.

There was no clinical or biochemical evidence of malabsorption in the present case.

### Summary

A patient who presented himself at the special clinic complaining of discharge from the anus was thought at first to be an undeclared passive homosexual, but investigations excluded gonorrhoea and syphilis.

There was evidence of proctitis which was believed to have been caused by infestation with *Giardia*

*lamblia*. The condition responded promptly to treatment with metronidazole. The giardiasis did not appear to be complicated by duodenal ulceration or malabsorption.

The case is presented in order to alert venereologists to the possibility of giardiasis in the differential diagnosis of proctitis.

### Reference

MANSON-BAHR, P. H. (1966) 'Tropical Diseases', 16th ed., p. 460. Baillière, Tindall and Cassell, London

### Un cas de rectite à *Giardia lamblia* chez un consultant d'une clinique vénérérologique

#### SOMMAIRE

Un malade, qui vint consulter de lui-même à la Clinique spécialisée en se plaignant d'un écoulement anal, fut d'abord considéré comme homosexuel passif inavoué, mais les recherches effectuées exclurent gonococcie et syphilis. On prouva que cette rectite pouvait être attribuée à une infestation par *Giardia lamblia*. La réponse thérapeutique au métronidazole fut prompte. L'affection à *Giardia* ne semble pas avoir été compliquée par une ulcération duodénale ou par la malabsorption. Ce cas est publié afin de signaler la giardiose aux spécialistes en tant que diagnostic différentiel des rectites.